PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000105510

EYETEMS INTERNATIONAL NO. 150, INC.

Principal Place of Business

Mailing Address

7280 W. PALMETTO PARK RD., S-106 BOCA RATON FL 33433

7280 W. PALMETTO PARK RD., S-106 **BOCA RATON FL 33433**

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90069 031 ***158.75



DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed

					i	12/17/1998				
2. Principal P	lace of Business 2a. Maili	ng Address				4. FEI Number			Ap	plied For
27 1801	Clint Moore Rd 26	PO BO	κ	:1-195	591	28-547	<u> 997</u>	<u> </u>	No	t Applicable
Suite Apt.		, Apt. #, etc.	-	·		5. Certifcate of Status	Desired		\$8.75 A Fee Re	
City & State City & State				aton FL		6. Election Campaign Trust Fund Contrib			\$5.00 May Be Added to Fees	
Zip	Country Zip		Count	ry		8. This corporation of	ves the cur	rent year Int	tangible	
24 T33+	187 25 DSA 29 33	3481 [3	10			Personal Property			ŬYes	∐No
24 00	9. Name and Address of Current Registered					10. Name and Addre		Registered	Agent	
	o. Hand drie / Garden		8	1 Name						
CLAIF	-				A1-4 A	-1-1-1				
7280 W. PALMETTO PARK RD., S-106				82 Street Address (P.O. Box Number is Not Acceptable)						
BOCA	8	83								
			8	4 City				FI	85 Zip (Code
				<u> </u>					a	aictored
office or r	to the provisions of Sections 607.0502 and 607.150 egistered agent, or both, in the State of Florida. Su m familiar with, and accept the obligations of, Secti	ch change was aut	honzed t	by the corpo	corpor ration	ation submits this state 's board of directors. I h	ereby acce	pt the appoi	intment as re	gistered
=	ili idiimai wili, diid decept the obligations of, obeth									
SIGNATURE	Signature, typed or printed name of registered agent and title if applica	able. (NOTE: F	Registered A	gent signature re	equired w	rhen reinstating)	. —	DATE		
12.	OFFICERS AND DIRECTOR		13.			ADDITIONS/CHANG	SES TO OF	FICERS A	ND DIRECTO	RS IN 12
TITLE	PSTD DELETE		1.1 TITLE						Change	☐ Addition
NAME	GODUR, ELLEN F		1.2 NAM	E						
STREET ADDRESS	TARREST DADY DD 0 400			1.3 STREET ADDRESS						
	BOCA RATON FL 33433			-ST-ZIP						_
CITY-ST-ZIP	BOCK RATOR FE 33433	DELETE	2.1 TITL	 	V				☐ Change	Addition
TITLE		DCCC1C			٠ _ سـ	and Carlos				
NAME				2.2 NAME JO		me Godur 80 W. Poln	مللم	are	Rd. S.	10lo
STREET ADDRESS				EET ADDRESS	גנו	RO M' Harri	nemo	334	23	· •
CITY-ST-ZIP				(-ST-ZIP	Bo	ca Raton		334	⊃ <u>⊃</u> □Change	Addition
TITLE		☐ DELETE	3.1 TITL	1						
NAME			3.2 NAM	E						
STREET ADDRESS			3.3 STR	EET ADDRESS						
CITY-ST-ZIP			3.4. CIT	/-ST-ZIP						
TITLE		☐ DELETE	4.1 TITL	E					☐ Change	Addition
NAME			4. 2 NA	AE [
STREET ADDRESS			4.3 STR	EET ADDRESS						
CITY-ST-ZIP			4,4 CIT)	-ST-ZIP						
TITLE		☐ DELETE	5.1 TITL						☐ Change	☐ Addition
NAME			5.2 NAM	E						
			5.3 STR	EET ADDRESS						
STREET ADORESS			4	-ST-ZIP						
CITY-ST-ZIP		DELETE	6.1 TITL						Change	☐ Addition
TITLE		ے کردیاں	6.2 NAM							
NAME I	,		1	EET ADDRESS						
STREET ADDRESS										
CITY-ST-ZIP			6.4 CITY	'-ST-ZIP						

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address, with all other like empowered.

SIGNATURE: